



Photo Release Form

I, _____ hereby grant Creative Hands Learning Center, LLC permission to publish: (please check all applicable boxes)

My Photograph/s

My Child(ren)'s photograph/s (Child(ren)'s name): _____

In Center publications and/or the Center's website located at www.creativehandsvt.com

I understand that I have the right to request, in writing, removal of the photo from the website within 30 business days of receipt of the request by Creative Hands.

I understand that this photo maybe used in Center publications or on a website designed to promote the Center's services as well as offer information and resources.

By signing below, I acknowledge my understanding of the above and grant my permission for use of the photograph/s.

(please print name)

Date

Signature

Date